

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90083 006 ****50.00

DOCUMENT # L02000009296

1. Entity Name
GREEN 20, LLC



Principal Place of Business
**201 S. BISCAYNE BOULEVARD, SUITE 1700
MIAMI, FL 33131**

Mailing Address
**201 S. BISCAYNE BOULEVARD, SUITE 1700
MIAMI, FL 33131**

2. Principal Place of Business
2333 Brickell Ave.

3. Mailing Address
← Same as principal

Suite, Apt. #, etc.
Suite D-1

Suite, Apt. #, etc.

04162004 Chg-LLC CR2E083 (10/03)

City & State
Miami, FL

City & State

4. FEI Number
16-1648212

Applied For
☐ Not Applicable

Zip
33129

Country
Miami-Dade

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MIAMI CENTER REGISTERED AGENTS, LLC
201 S. BISCAYNE BLVD., SUITE 1700
MIAMI, FL 33131**

Name
Mary Ann Y. David, Esq.

Street Address (P.O. Box Number is Not Acceptable)
2333 Brickell Ave.

Suite D-1

City
Miami

FL

Zip Code
33129

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Mary Ann Y. David, Esq. **Mary Ann Y. David, Esq.**

4/19/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
ROSEN LAND 407, LLC
2333 BRICKELL AVE STE D-1
MIAMI, FL 33129** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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CITY - ST - ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Clifford D. Rosen

Clifford D. Rosen

4/19/04

305.859.4900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #